

Click on the question-mark icons to display help windows  
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you

Form **990-EZ****Short Form**

OMB No 1545-0047

**Return of Organization Exempt From Income Tax****2020**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

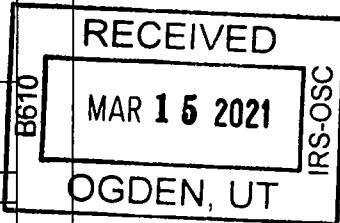
2012

**A For the 2020 calendar year, or tax year beginning** , 2020, and ending , 20

<b>B Check if applicable</b>	<b>C Name of organization</b> <span style="border: 1px solid black; padding: 2px;">?</span> <b>Douglas County Sheriff's Protective Association</b>	<b>D Employer identification number</b> <span style="border: 1px solid black; padding: 2px;">?</span> <b>943156960</b>
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) <span style="border: 1px solid black; padding: 2px;">?</span>	Room/suite
<input type="checkbox"/> Name change	P O. Box 1153	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Final return/terminated	Minden, Nevada 89423	
<input type="checkbox"/> Amended return	85	
<input type="checkbox"/> Application pending		

**G Accounting Method**  Cash  Accrual Other (specify) ►**I Website:** ► **N/A****J Tax-exempt status (check only one)** —  501(c)(3)  501(c) ( 5 ) (insert no.)  4947(a)(1) or  527**K Form of organization**  Corporation  Trust  Association  Other **Non-Profit Coop Corp w/o Stock****L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets**(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **80,586****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) ?Check if the organization used Schedule O to respond to any question in this Part I 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 <b>80,478</b>
	4 Investment income	4 <b>108</b>
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► <b>80,586</b>	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10 <b>5,566</b>
	11 Benefits paid to or for members	11 <b>1,868</b>
	12 Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 2px;">?</span>	12
	13 Professional fees and other payments to independent contractors <span style="border: 1px solid black; padding: 2px;">?</span>	13 <b>41,885</b>
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 <b>1,553</b>
	16 Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 2px;">?</span>	16 <b>5,235</b>
	17 <b>Total expenses.</b> Add lines 10 through 16	► <b>56,107</b>
<b>Net Assets</b>	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 <b>24,479</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <b>248,433</b>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	► <b>272,912</b>



**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	248,433	22 272,912
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	248,433	25 272,912
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	248,433	27 272,912

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? \_\_\_\_\_

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28			
29			
30			
31			
32 Total program service expenses (add lines 28a through 31a)		►	32

(Grants \$ ) If this amount includes foreign grants, check here ►  28a

(Grants \$ ) If this amount includes foreign grants, check here ►  29a

(Grants \$ ) If this amount includes foreign grants, check here ►  30a

(Grants \$ ) If this amount includes foreign grants, check here ►  31a

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)  
Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Justin Fricke President	12	0	0	0
Justin Williams Vice President	10	0	0	0
Steve Miller Treasurer	12	0	0	0
Rodney Ginocchio Secretary	8	0	0	0
George Schramm Board	8	0	0	0
Scott Wharton Board	8	0	0	0
Jeff Johnsen Board	8	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓ <input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	✓ <input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓ <input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓ <input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓ <input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓ <input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0 <input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	✓ <input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓ <input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	N/A <input type="checkbox"/>
39 Section 501(c)(7) organizations Enter.	39a	N/A <input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39b	N/A <input type="checkbox"/>
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A ; section 4912 ► N/A , section 4955 ► N/A	40a	N/A <input type="checkbox"/>
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓ <input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	N/A <input type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	N/A <input type="checkbox"/>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓ <input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ► None		
42a The organization's books are in care of ► Steve Miller (Treasurer) Telephone no ► 775-782-9900 Located at ► 1038 Buckeye Road, Minden, NV ZIP + 4 ► 89423	42a	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	✓ <input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►	42c	✓ <input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A	43	N/A <input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓ <input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓ <input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓ <input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	✓ <input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓ <input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	✓ <input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46

**Part VI      Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here <input checked="" type="checkbox"/>		03 - 11 - 2021
Signature of officer		Date
<b>Steve Miller (Treasurer)</b>		
Type or print name and title		

<input checked="" type="checkbox"/> Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization  
Douglas County Sheriff's Protective Association

Employer identification number  
94-3156960

Form 990-EZ, Part 1, Line 10

	Amount
Grants and similar amounts paid	
Charitable Community Donations	3,316
Scholarships	2,250
Total to Form 990-EZ, Line 10	5,566

Form 990-EZ, Part 1, Line 16

	Amount
Other Expenses	
Office Supplies and Equipment	3,737
Board Member Business Travel	1,498
Total to Form 990-EZ, Line 16	5,235